Fill	in this info	rmation to identify your	case:			
Deb	otor 1	Sheila Denise Su				
Det	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Cas	se number	18-32717-dof				
(if kn	iown)				_	Check if this is an
					6	amended filing
~ (· · · · -	4000				
		orm 106Sum	and Liabilities an	d Cartain Statistical Informatio		
				ac Certain Statistical Information are filing together, both are equally responsible.		12/15
info	rmation. Fi	ll out all of your schedul	es first; then complete th	the information on this form. If you are filing am		
		•	new Summary and check	tille box at the top of this page.		
Par	Sum	marize Your Assets				
						our assets alue of what you own
1.	Schedule 1a. Copy	A/B: Property (Official Fline 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$	27,500.00
	1b. Copy	line 62, Total personal pro	perty, from Schedule A/B		\$	232,455.00
	1c. Copy I	line 63, Total of all propert	y on Schedule A/B		\$	259,955.00
Par	t 2: Sum	marize Your Liabilities				
						our liabilities mount you owe
2.			claims Secured by Property mn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of Schedule	D \$	92,005.00
3.			Unsecured Claims (Officia 1 (priority unsecured claim	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy	the total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	\$	78,157.00
				Your total liabili	ties \$_	170,162.00
Par	t 3: Sum	marize Your Income and	l Expenses			
4.		I: Your Income (Official Fo	-			
→ .		`	,	I	\$	2,618.00
5.		J: Your Expenses (Official report of the control of			\$	2,616.00
		, , , , , , , , , , , , , , , , , , , ,				

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

Part 4: Answer These Questions for Administrative and Statistical Records

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,700.42 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this info	ormation to identify your	case and this filin	g:		
Debtor 1	Sheila Denise Su				
D. I	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	FASTERN DISTR	LICT OF MICHIGAN		
	Januario, Court of uno.				
Case number	18-32717-dof				☐ Check if this is an amended filing
Schedun each category	. Be as complete and accurators space is needed, attach	e items. List an asse ate as possible. If two	et only once. If an asset fits in more than one o o married people are filing together, both are e this form. On the top of any additional pages,	equally responsible for su	pplying correct
. Do you own c □ No. Go to F	or have any legal or equitabl		al Estate You Own or Have an Interest In dence, building, land, or similar property?		
	Philadelphia ess, if available, or other description		Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Flint City		505-0000 ZIP Code	Manufactured or mobile home Land Investment property	Current value of the entire property? \$20,000.00	Current value of the portion you own? \$20,000.00
		□ □ Who	Timeshare Other has an interest in the property? Check one Debtor 1 only	Describe the nature of y (such as fee simple, ten a life estate), if known. Fee Simple	our ownership interest ancy by the entireties, or
Genese	e		Debtor 2 only		
County				Check if this is come (see instructions)	nmunity property
			er information you wish to add about this item perty identification number:	, such as local	

Debto	or 1 S l	heila Denise Sun	nmers	Case	number (if known) 18-3	32717-dof
1.2	If you o	wn or have more	than one, list			
	3037 Maywood Street address, if available, or other description			What is the property? Check all that apply ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	Do not deduct secured classified amount of any secure Creditors Who Have Claim	d claims on <i>Schedule D:</i>
,	Flint City	MI State	48505-0000 ZIP Code	Manufactured or mobile home Land Investment property Timeshare Other Rental Property Who has an interest in the property? Check one Debtor 1 only	Current value of the entire property? \$15,000.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Joint tenants	Current value of the portion you own? \$7,500.00 rour ownership interest ancy by the entireties, or
_	Genesee County	e		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: 1/2 interest, join with son.	☐ Check if this is com (see instructions) m, such as local	nmunity property
omed 3. Ca	one else d		vehicle, also rep	rest in any vehicles, whether they are registered but it on Schedule G: Executory Contracts and Une es, motorcycles		
3.1	Make: Model: Year:	-	6000 [Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?	ed claims on Schedule D:
				(see instructions)		\$1.00
3.2	Make: Model: Year: Approxim Other info	Ford Bronco 1994 nate mileage: ormation:	180000 [Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put

Dept	Snelia Denise Summers		ase number (if known) 18-	32/1/-dot
3.3	Make: Dodge Model: Charger	Who has an interest in the property? Check one Debtor 1 only		laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
	Year: 2010 Approximate mileage: 100,000 Other information:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$5,941.00	\$5,941.00
3.4	Make: Chrysler Model: 200	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
		Debtor 1 only	Creditors Who have Clair	ins secured by Property.
	Year: 2016	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 23,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$16,500.00	\$8,250.00
Do y 6. H c □	Describe Your Personal and Household in You own or have any legal or equitable in Dousehold goods and furnishings (xamples: Major appliances, furniture, linens) No Yes. Describe	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	various riouser	noiu goods, rurnismings, appliances		Ψ2,000.00
E.	including cell phones, cameras, r l No l Yes. Describe		rs, scanners; music collecti	
	Television, Cor	nputer		\$400.00
E.	bilectibles of value Examples: Antiques and figurines; paintings, other collections, memorabilia, collections. No I Yes. Describe	prints, or other artwork; books, pictures, or other an ollectibles	t objects; stamp, coin, or ba	seball card collections;
E	quipment for sports and hobbies xamples: Sports, photographic, exercise, a musical instruments	nd other hobby equipment; bicycles, pool tables, gol	f clubs, skis; canoes and ka	ayaks; carpentry tools;

Debtor 1	Sheila Denise Summers	Case number ((if known) 18-32717-dof
☐ Yes	s. Describe		
10. Firea Exar	rms nples: Pistols, rifles, shotguns, ammunition,	and related equipment	
■ No	, , , , , , , , , , , , , , , , , , , ,		
☐ Yes	s. Describe		
11. Clot h	nes nples: Everyday clothes, furs, leather coats,	designer wear, shoes, accessories	
☐ No			
Yes	s. Describe		
	Wearing apparel		\$600.00
□ No		ngagement rings, wedding rings, heirloom jewelry, watches	, gems, gold, silver
	Costume Jewelry		\$600.00
14. Any o ■ No □ Yes 15. Ado	s. Give specific information I the dollar value of all of your entries fro	did not already list, including any health aids you did not already list, including any health aids you did not m Part 3, including any entries for pages you have attac	
for	Part 3. Write that number here		
Part 4:	Describe Your Financial Assets		
Do you o	own or have any legal or equitable interes	st in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		ur home, in a safe deposit box, and on hand when you file y	our petition
Exar		accounts; certificates of deposit; shares in credit unions, brounts with the same institution, list each.	okerage houses, and other similar
□ No		Institution name:	
■ Yes	Chacking 8	Sovita Credit Union \$6883.15 deposit on 10-9 was severance from former employer, remaining amous now in Elga. Portion used was for house bills and living expenses. \$2042.89 deposit on 10/1/2018 was the p	nt is ehold payout
	Checking & 17.1. Savings	from a totaled out Ford Bronco which is worthless.	\$ now \$300.00

De	ebtor 1	Sheila De	nise Sumı	ners	Case number (if known) _18	-32717-dof
			17.2.	Savings	Sovita Credit Union-Joint with Shanise Summers	\$25.00
			17.3.	Checking	Elga CU- Just opened last week no statements	\$3,500.00
18.				cly traded stocks ent accounts with b	prokerage firms, money market accounts	
				Institution or issue	er name:	
19.	Non-pu joint ve		stock and	interests in incor	porated and unincorporated businesses, including an interest in a	an LLC, partnership, and
		Give specific		about them me of entity:		
20.	Negotia	able instrume	nts include	personal checks, ca	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
		Give specific		about them uer name:		
21.		nent or pensi les: Interests			, 403(b), thrift savings accounts, or other pension or profit-sharing plans	s
	Yes. I	_ist each acco		tely. of account:	Institution name:	
			Pens	sion	Pension through Hewlett Packard	\$116,838.00
			401 K	<u> </u>	401k Hewlett	\$93,000.00
22.	Your sh		ısed deposi	ts you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companies,	or others
	☐ Yes				Institution name or individual:	
23.	Annuiti No	es (A contrac	·	, ,	ney to you, either for life or for a number of years)	
	☐ Yes		Issuer nam	ne and description.		
24.				n an account in a and 529(b)(1).	qualified ABLE program, or under a qualified state tuition program	m.
	■ No □ Yes		Institution	name and descripti	ion. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or	future inte	rests in property	(other than anything listed in line 1), and rights or powers exercis	able for your benefit
	☐ Yes.	Give specific	information	about them		
26.	Examp ■ No	les: Internet o	lomain nam	es, websites, proce	and other intellectual property eeds from royalties and licensing agreements	
		Give specific	information	about them		

De	ebtor 1	Sheila Denise Summers		Case number (if known)	18-32717-dof
27.	Examp	es, franchises, and other generables: Building permits, exclusive lid	al intangibles enses, cooperative association holdings, liquor l	licenses, professional licens	es
	■ No □ Yes.	Give specific information about th	em		
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	funds owed to you Give specific information about the	em, including whether you already filed the returr	ns and the tax years	
			2018 Anticipated Income Tax Refund	Federal	\$900.00
29.	Examp	support bles: Past due or lump sum alimon Give specific information	y, spousal support, child support, maintenance, o	divorce settlement, property	r settlement
	Examp	amounts someone owes you bles: Unpaid wages, disability insu benefits; unpaid loans you m Give specific information	rance payments, disability benefits, sick pay, vac ade to someone else	cation pay, workers' compe	nsation, Social Security
31.		sts in insurance policies oles: Health, disability, or life insura	ance; health savings account (HSA); credit, home	eowner's, or renter's insural	nce
	☐ Yes.	Name the insurance company of e Company n		eficiary:	Surrender or refund value:
32.	If you a someo	terest in property that is due you are the beneficiary of a living trust, one has died. Give specific information	I from someone who has died expect proceeds from a life insurance policy, or	are currently entitled to reco	eive property because
33.	Examp ■ No		or not you have filed a lawsuit or made a demates, insurance claims, or rights to sue	and for payment	
34.	Other of	contingent and unliquidated clai	ms of every nature, including counterclaims	of the debtor and rights to	set off claims
	■ No	Describe each claim		·	
35.	Any fin	nancial assets you did not alread	ly list		
	■ No □ Yes.	Give specific information			
36			ries from Part 4, including any entries for pag		\$214,563.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debt	or 1	Sheila Denise Summers			Case number (if known)	18-3271	7-dof
37. D	o you c	own or have any legal or equitable interest in any business-	related	property?			
	No. Go	to Part 6.					
	Yes. G	to to line 38.					
Part (scribe Any Farm- and Commercial Fishing-Related Property ou own or have an interest in farmland, list it in Part 1.	You O	wn or Have an Interes	st In.		
46. D	o you	own or have any legal or equitable interest in any fa	arm- o	r commercial fishin	ng-related property?		
ı	No.	Go to Part 7.					
ı	☐ Yes.	Go to line 47.					
Part 7	7:	Describe All Property You Own or Have an Interest in Tha	t You Γ	oid Not List Above			
		have other property of any kind you did not already bles: Season tickets, country club membership	list?				
	No .	•					
	Yes.	Give specific information					
54.	Add t	he dollar value of all of your entries from Part 7. Writ	te that	number here			\$0.00
		•					·
Part 8	3:	List the Totals of Each Part of this Form					
55.	Part 1	: Total real estate, line 2					\$27,500.00
56.	Part 2	: Total vehicles, line 5	_	\$14,292.00			
57.	Part 3	: Total personal and household items, line 15		\$3,600.00			
58.	Part 4	: Total financial assets, line 36	_	\$214,563.00			
59.	Part 5	: Total business-related property, line 45	_	\$0.00			
60.	Part 6	: Total farm- and fishing-related property, line 52	_	\$0.00			
61.	Part 7	: Total other property not listed, line 54	+ _	\$0.00			
62.	Total	personal property. Add lines 56 through 61	_	\$232,455.00	Copy personal property to	otal _	\$232,455.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62					\$259,955.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Sheila Denise Su	mmers		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF MICHIGAN	
Case number	18-32717-dof			
(if known)	10 02111 00.			☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	1994 Ford Bronco 180000 miles Line from Schedule A/B: 3.2	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)					
	Lille Hotti Schedule AVD. 3.2			100% of fair market value, up to any applicable statutory limit						
	2010 Dodge Charger 100,000 miles Line from Schedule A/B: 3.3	\$5,941.00		\$3,775.00	11 U.S.C. § 522(d)(2)					
	Line from Scriedule A/B. 3.3			100% of fair market value, up to any applicable statutory limit						
	2010 Dodge Charger 100,000 miles Line from Schedule A/B: 3.3	\$5,941.00 ■		\$2,166.00	11 U.S.C. § 522(d)(5)					
	Line nom schedule A/D. 5.5			100% of fair market value, up to any applicable statutory limit						
	Various household goods, furnishings, appliances	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						
	Television, Computer Line from Schedule A/B: 7.1	\$400.00	•	\$400.00	11 U.S.C. § 522(d)(3)					
	Line nom <i>Schedule AVD</i> . 1.1			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Check only one box for each exemption. Schedule A/B						
	Wearing apparel Line from Schedule A/B: 11.1	\$600.00	-	\$600.00	11 U.S.C. § 522(d)(3)		
	Line Iron Schedule AVB. 1111			100% of fair market value, up to any applicable statutory limit			
	Costume Jewelry Line from Schedule A/B: 12.1	\$600.00		\$600.00	11 U.S.C. § 522(d)(4)		
	Line Holli Schedule AVB. 12.1			100% of fair market value, up to any applicable statutory limit			
	Checking & Savings: Sovita Credit	\$300.00		\$300.00	11 U.S.C. § 522(d)(5)		
	\$6883.15 deposit on 10-9 was severance pay from former employer, remaining amount is now in Elga. Portion used was for household bills and living expenses. \$2042.89 deposit on 10/1/2018 was the payout from a totale Line from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit			
	Savings: Sovita Credit Union-Joint with Shanise Summers	\$25.00		\$25.00	11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit			
	Checking: Elga CU- Just opened last week no statements	\$3,500.00		\$3,500.00	11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit			
	Pension: Pension through Hewlett Packard	\$116,838.00		100%	11 U.S.C. § 522(d)(12)		
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit			
	401K: 401k Hewlett Line from Schedule A/B: 21.2	\$93,000.00		100%	11 U.S.C. § 522(d)(12)		
	Zine nom <i>concease vv2</i> . 2 11 2			100% of fair market value, up to any applicable statutory limit			
	Federal: 2018 Anticipated Income Tax Refund	\$900.00		\$900.00	11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit			
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca	ases fi	,	,		

Fill	in this information to identify yo	ur case:				
Deb	otor 1 Sheila Denise S	Summers				
000	First Name		ast Name			
	otor 2 use if, filing) First Name	Middle Name L	ast Name			
	3,					
Unit	ed States Bankruptcy Court for the	EASTERN DISTRICT OF MICHIG	SAN			
Cas	e number 18-32717-dof					
(if kno	own)				_	if this is an
					ameno	led filing
Offi	icial Form 106D					
		s Who Have Claims Se	aci ira	d by Propert	V	12/15
<u> </u>	Ticadic D. Cicattors	Wild Have claims 5	Carc	d by 1 Topert	<u>y </u>	12/13
is ne		If two married people are filing together, out, number the entries, and attach it to t				
1. Do	any creditors have claims secured b	y your property?				
	☐ No. Check this box and submit	this form to the court with your other sc	hedules. \	You have nothing else t	o report on this form.	
	Yes. Fill in all of the information	below.				
Pari	List All Secured Claims					
		more than one secured claim, list the creditor	or separatel	Column A	Column B	Column C
for e	ach claim. If more than one creditor ha	s a particular claim, list the other creditors in	a particular claim, list the other creditors in Part 2. As		Value of collateral	Unsecured
muci	n as possible, list the claims in alphabet	tical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	*Ally Financial	Describe the property that secures the		\$24,000.00	\$16,500.00	\$7,500.00
	Creditor's Name	2016 Chrysler 200 23,000 miles	S			
	PO Box 9001951	As of the date you file, the claim is: Che apply.	eck all that			
	Louisville, KY 40290-1951	☐ Contingent				
	Number, Street, City, State & Zip Code	Unliquidated				
\A/ba	o owes the debt? Check one.	Disputed				
_	Debtor 1 only	Nature of lien. Check all that apply. ☐ An agreement you made (such as more	rtanan or no	ourod		
	Debtor 2 only	car loan)	rigage or se	ecureu		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit				
	Check if this claim relates to a community debt	Other (including a right to offset)	ehicle Li	en		
Date	e debt was incurred	Last 4 digits of account number	4112			
	AmeriCredit/GM					
2.2	Financial	Describe the property that secures the	claim:	\$10,098.00	\$0.00	\$10,098.00
	Creditor's Name	2018 Chevrolet Equinox 6000 i	miles			
	Attn: Bankruptcy Po Box 183853	As of the date you file, the claim is: Che	eck all that			
	Arlington, TX 76096	apply. Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
_	o owes the debt? Check one.	Nature of lien. Check all that apply.				
_	Debtor 1 only	An agreement you made (such as mor car loan)	rtgage or se	ecured		
_	Debtor 2 only Debtor 1 and Debtor 2 only	_	nio's liss\			
_	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Statutory lien (such as tax lien, mecha ☐ Judgment lien from a lawsuit	inios nen)			
_	At least one of the debtors and another Check if this claim relates to a	_	uto lease	<u> </u>		
	community debt	Other (including a right to offset)		-		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Sheila Der	nise Summers Middle N		Case number (if known)	18-32717-dof	
Date debt was incurred	Opened 05/18 Last Active 11/09/18	Last 4 digits of account number 3534	4		
2.3 Bank Of Ameri	ica	Describe the property that secures the claim:	\$17,872.00	\$15,000.00	\$2,872.00
Attn: Bankrupt Po Box 982238 El Paso, TX 79 Number, Street, City, S	998	3037 Maywood Flint, MI 48505 Genesee County 1/2 interest, join with son. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Who owes the debt? Cl Debtor 1 only Debtor 2 only	heck one.	☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or sar loan)	secured		
☐ Debtor 1 and Debtor 2 ■ At least one of the deb ☐ Check if this claim re community debt	tors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt was incurred	Opened 05/03 Last Active 10/01/18	Last 4 digits of account number 9426	6		
2.4 Mr. Cooper		Describe the property that secures the claim:	\$40,035.00	\$20,000.00	\$20,035.00
Creditor's Name Attn: Bankrupt 8950 Cypress N Blvd Coppell, TX 75	Waters	Genesee County As of the date you file, the claim is: Check all that apply.			
Number, Street, City, S Who owes the debt? Cl	tate & Zip Code	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mortgage or scar loan)			
□ Debtor 1 and Debtor 2 □ At least one of the deb □ Check if this claim re	tors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ Mortgage			
community debt Date debt was incurred	Opened 07/03 Last Active 9/04/18	Last 4 digits of account number 6482	2		
Add the dollar value of	your entries in C	Column A on this page. Write that number here: the dollar value totals from all pages.	\$92,005 \$92,005		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in th	nis information to identify your	case:					
Debtor 1	Sheila Denise Su	mmers					
	First Name	Middle Name	Last N	Name			
Debtor 2 (Spouse if,		Middle Name	Last N	Jame			
	-						
United S	States Bankruptcy Court for the:	EASTERN DIS	TRICT OF MICHIGAN				
Case nu	ımber 18-32717-dof						
(if known)							Check if this is an
							amended filing
Officia	al Form 106E/F						
	dule E/F: Creditors W	/ho Have U	nsecured Clai	ms			12/15
	nplete and accurate as possible. U				Part 2 for creditors with NONP	RIORITY o	
Schedule left. Attac	G: Executory Contracts and UnexpD: Creditors Who Have Claims Set hithe Continuation Page to this participate of the Continuation Page (if known).	cured by Property.	If more space is needed,	, copy t	he Part you need, fill it out, nu	ımber the	entries in the boxes on the
Part 1:	List All of Your PRIORITY U						
_	ny creditors have priority unsecure	ed claims against y	ou?				
	o. Go to Part 2.						
Part 2:							
_	ny creditors have nonpriority unse	_	-				
□N	o. You have nothing to report in this p	part. Submit this forn	n to the court with your oth	ner sche	dules.		
■ Y	es.						
unse	all of your nonpriority unsecured c cured claim, list the creditor separate one creditor holds a particular claim, 2.	ly for each claim. Fo	r each claim listed, identify	y what t	pe of claim it is. Do not list clain	ns already	included in Part 1. If more
							Total claim
4.1	Ally Financial	La	st 4 digits of account nu	ımber	9547		\$24,841.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept				Opened 06/16 Last Ad	stivo	
	Po Box 380901	WI	nen was the debt incurre	ed?	10/05/18	LIVE	
	Bloomington, MN 55438						
	Number Street City State Zlp Code		of the date you file, the	claim i	s: Check all that apply		
	Who incurred the debt? Check one						
	Debtor 1 only		Contingent				
	Debtor 2 only		Unliquidated				
	Debtor 1 and Debtor 2 only	_	Disputed		l alaim.		
	At least one of the debtors and an		pe of NONPRIORITY uns Student loans	secured	i ciaim:		
	☐ Check if this claim is for a com debt Is the claim subject to offset?			f a sepa	ration agreement or divorce that	you did no	ot
	No	_ <u>·</u>		t-sharin	g plans, and other similar debts		
	■ No □ Yes						
	□ res	-	Other. Specify Auton	ייטטוופ	-		

1 Sheila Denise Summers		Case number (if known) 18-32717-dof				
Citibank/The Home Depot	Last 4 digits of account number	3203	\$5,477.00			
Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179	When was the debt incurred?	Opened 09/14 Last Active 10/28/18				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims					
■ No	Debts to pension or profit-sharin	- ·				
Yes	Other. Specify Charge Acc	count				
Comenity Bank/Avenue	Last 4 digits of account number	7673	\$548.00			
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125	When was the debt incurred?	Opened 05/14 Last Active 9/14/18				
Columbus, OH 43218 Number Street City State Zlp Code	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.	,					
■ Debtor 1 only	☐ Contingent					
☐ Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
No	Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify Charge Acc	count				
Comenity Capital/mprc	Last 4 digits of account number	0982	\$237.00			
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 08/16 Last Active 9/02/18				
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims	<u> </u>				
■ No	☐ Debts to pension or profit-sharin					
□Yes	■ Other. Specify Charge Acc	count				

Debto	Sheila Denise Summers		Case number (if known) 18-32717-dof	
4.8	Comenity Capital/Zales Nonpriority Creditor's Name	Last 4 digits of account number	3030	\$1,291.00
	Attn: Bankrutptcy Dept Po Box 18215 Columbus, OH 43218	When was the debt incurred?	Opened 04/18 Last Active 9/21/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	4687	\$488.00
	Kohls Credit Po Box 3120	When was the debt incurred?	Opened 09/02 Last Active 7/03/17	
	Milwaukee, WI 53201 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	, i.e. o. i.i.e daile yeu i.i.e, i.i.e oiaiii.	o. Onook all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Sovita Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	9524	\$2,129.00
	Po Box 4069 Flint, MI 48504	When was the debt incurred?	Opened 08/97 Last Active 11/01/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Continuent		
	Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 7

Debtor 1 Sheila Denise Summers

Case number (if known)

you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6h. \$ 0,00

Debts to pension or profit-sharing plans, and other similar debts
Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 0.00
78,157.00

78,157.00

. Total Nonpriority. Add lines 6f through 6i. 6j. \$

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this infor					
Debtor 1	Sheila Denise Su				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case number	18-32717-dof				
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

AmeriCredit/GM Financial Attn: Bankruptcy Po Box 183853 Arlington, TX 76096 Leased vehicle

Debtor 1	Sheila Denise Su			
	First Name	Middle Name	Last Name	
Debtor 2 Spouse if, f		Middle Name	Last Name	
United St	tates Bankruptcy Court for the:			
Case nur	mber 18-32717-dof			
if known)				☐ Check if this is an amended filing
Officia	al Form 106H			
	dule H: Your Cod	ehtors		12/15
<u> </u>	duic II. Tour God	CDIOIS		12/13
eople ar ill it out, our nam	re filing together, both are equ and number the entries in the ne and case number (if known	ially responsible for supple boxes on the left. Attack). Answer every question	olying correct information. If r n the Additional Page to this r i.	olete and accurate as possible. If two married nore space is needed, copy the Additional Page age. On the top of any Additional Pages, write
1. DO	o you have any codebtors? (If	you are filing a joint case,	do not list either spouse as a co	odebtor.
	0			
■ Ye	es			
	ithin the last 8 years, have you ona, California, Idaho, Louisiana			mmunity property states and territories include and Wisconsin.)
■ N/	o. Go to line 3.			
	es. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?	
		,g	· ······ , · · · · · · · · · · · · · · · · · · ·	
in lir Forn	ne 2 again as a codebtor only	if that person is a guaran	ntor or cosigner. Make sure yo	spouse is filing with you. List the person show ou have listed the creditor on Schedule D (Offici se Schedule D, Schedule E/F, or Schedule G to t
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		olumn 2: The creditor to whom you owe the debt
			<u> </u>	
3.1	David Summers		_	Schedule D, line 2.1
• • • • • • • • • • • • • • • • • • • •	618 W. Philadelphia			Schedule E/F, line
	Flint, MI 48505			Schedule G
				Ily Financial
3.2	Michael Summers		•	Schedule D, line2.3
	618 W. Philadelphia			Schedule E/F, line
	Flint, MI 48504			Schedule G
			Ва	ink Of America
3.3	Michael Summers			Schedule D, line2.2
	618 W. Philadelphia Flint, MI 48505			Schedule E/F, line
	1 mit, wii 40505			Schedule G
			Ar	neriCredit/GM Financial

	in this information to	o identify your ca Sheila Denis									
	otor 2	Silella Dellis	se Summers			_					
	use, if filing)					_					
Uni	ted States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF MICHIGAN		_					
		32717-dof					Check if	this is:			
(If kn	nown)						☐ An a		•		
										ng postpetition following date:	
<u>O</u> 1	fficial Form	106I					MM	/ DD/ Y	/YY		
So	chedule I:	Your Inc	ome								12/15
spoi atta	use. If you are sep ch a separate shee	arated and you	are married and not filing wi or spouse is not filing wi On the top of any addition	th you, do not inclu	ıde inforn	natio	on about yo	our spoi	use. If m	ore space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			De	ebtor 2	or non-f	iling spouse	
	If you have more	, ,	Employment status	☐ Employed	☐ Employed			☐ Employed			
	attach a separate information about employers.	1 - 3 -	Limployment status	■ Not employed				☐ Not employed			
	. ,		Occupation								
	Include part-time, self-employed wo		Employer's name								
	Occupation may i or homemaker, if		Employer's address								
			How long employed ti	here?							
Par	t 2: Give De	tails About Mor	nthly Income								
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to r	report for a	any l	ine, write \$0) in the s	space. In	clude your no	n-filing
	u or your non-filing e space, attach a se		ore than one employer, co	ombine the information	on for all e	mplo	oyers for tha	at persor	on the I	ines below. If	you need
							For Debto	r 1		ebtor 2 or ing spouse	
2.			ry, and commissions (be calculate what the monthl		2.	\$		0.00	\$	N/A	
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	0.	00_	\$	N/A	

11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> .
	Include contributions from an unmarried partner, members of your household, your depend
	other friends or relatives

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11.

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

2,618.00 12. Combined monthly income

0.00

13. l	Do you expect an	increase or d	lecrease withi	in the year	after you f	file this form?
-------	------------------	---------------	----------------	-------------	-------------	-----------------

NI-
No
110

Yes. Explain:

	in their informs	tion to identify						
	in this informa	tion to identify yo	our case:					
Deb	tor 1	Sheila Denis	e Summ	ers			k if this is:	
Deb	tor 2						An amended filing	ving postpetition chapter
	ouse, if filing)					_	13 expenses as of	01 1
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	AN	_	MM / DD / YYYY	
Cas	e number 18	3-32717-dof						
(lf kı	nown)							
Of	fficial Fo	rm 106J						
		J: Your	Exper	ISAS				12/15
Be a	as complete a ormation. If m nber (if know	and accurate as	s possible. eded, atta ry question	If two married people ar ch another sheet to this				
1.	Is this a joir							
	■ No. Go to	o line 2. s Debtor 2 live i	in a separa	ate household?				
	□N	0	·	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.			-			☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han 👝	No Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est exp	imate your ex	penses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the	value of such	n assistance an		government assistance it			Vaur avna	
(Off	ficial Form 10	l6I.)					Your expe	511353
4.		or home owners		ses for your residence. In	nclude first mortgage	4. \$		318.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
				pkeep expenses		4c. \$		40.00
_		owner's associat				4d. \$		0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

orm 106J Schedule J: Your Expenses 18-32717-dof Doc 11 Filed 12/06/18 Entered 12/06/18 13:38:16 Page 25 of 34 Official Form 106J

Official Form 106J Schedule J: Your Expenses

page 2

Debtor 1	Sheila Denise Su	mmers		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
	nkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
f known)				☐ Check if this is ar amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below							
Di	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
	No							
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)					
	Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Sheila Denise Summers							
	Sheila Denise Summers Signature of Debtor 1	-	Signature of Debtor 2					
	Date November 27, 2018		Date					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

	l in this inforr	nation to identify you	r case:			
De	btor 1	Sheila Denise St	ummers Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
		18-32717-dof				
(if k	nown)				_	Check if this is an mended filing
	fficial Fo atement		Affairs for Individ	duals Filing for B	ankruptcy	4/16
info nur	ormation. If m	nore space is needed, n). Answer every ques	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup additional pages, write you	
Ра 1.		Details About Your Ma	rital Status and Where You	Lived Before		
•	☐ Married ■ Not ma					
2.			lived anywhere other than	where you live now?		
	■ No		ived in the last 3 years. Do no	·		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$45,167.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of ind Check all that a		Gross income (before deductions and exclusions)
		■ Wages, commissions, bonuses, tips	\$62,839.00	☐ Wages, combonuses, tips	nmissions,			
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$65,536.00	☐ Wages, combonuses, tips	ımissions,	
				☐ Operating a business		☐ Operating a	business	
	winnings. List each	If you are fill	ng a joint ca	pensions; rental income; inter se and you have income that y ome from each source separa	ou received together, list it o	only once under D	ebtor 1.	d gambling and lottery
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	I Made Before You Filed for	Bankruptcy			
6.	Are eithe	Neither De	ebtor 1 nor I	2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househo	<mark>ımer debts.</mark> Consumer debt	s are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the	,	ore you filed for bankruptcy, di	d you pay any creditor a tota	al of \$6,425* or mo	re?	
		☐ Yes		cach creditor to whom you paireditor. Do not include paymer				
		* Subject	not include	payments to an attorney for the total on 4/01/19 and every 3 years	nis bankruptcy case.			•
	Yes.			or both have primarily consu		al of \$600 or more	?	
		□ _{No.}	Go to line	7.				
		■ Yes	include pay	each creditor to whom you pai yments for domestic support o r this bankruptcy case.				
	Creditor	's Name and	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this p	payment for
	Attn: Ba	f America ankruptcy 982238 , TX 79998	•	8/18-10/18	\$1,116.00	\$17,872.00	■ Mortgag □ Car □ Credit 0 □ Loan Re	Card

Statement of Financial Affairs for Individuals Filing for Bankruptcy

□ Other

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Del	otor 1	Sheila Denise Summers		Case number	(if known) 18-32717-0	lof
Par	t 5:	List Certain Gifts and Contributions	S			
13.	■ No		ıptcy, d	lid you give any gifts with a total value of more t	han \$600 per person?	,
	Gifts v	with a total value of more than \$600 erson	0	Describe the gifts	Dates you gave the gifts	Value
	Perso Addre	n to Whom You Gave the Gift and ess:				
14.	■ No			lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts of more Charit	or contributions to charities that to than \$600 ty's Name ss (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.	or gam	nbling?	otcy or	since you filed for bankruptcy, did you lose any	thing because of thef	
		he loss occurred	Include	the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7:	ist Certain Payments or Transfers				
16.	Include	Ited about seeking bankruptcy or per any attorneys, bankruptcy petition pr	reparir	d you or anyone else acting on your behalf pay on going a bankruptcy petition? It is, or credit counseling agencies for services require		ty to anyone you
	Addre Email	n Who Was Paid ess or website address on Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law 23843 Dearl	o & Associates - The Bankrupto 3 Joy Road born Heights, MI 48127 llaw@aol.com	су	Attorney Fees	October 23, 2018	\$100.00
	38505	npath Credit Solutions 5 Country Club Drive, Ste. 120 ington, MI 48331		Certificate of Counseling	November 19, 2018	\$40.00

Statement of Financial Affairs for Individuals Filing for Bankruptcy

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.								
	Yes. Fill in the details. Person Who Was Paid	Description and va	due of any pron	ortv	Date payment	Amount of			
	Address	transferred	ilue of any prop	er ty	or transfer was made	payment			
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No								
	Yes. Fill in the details.	5		. "		5			
	Person Who Received Transfer Address	Description and va property transferre			any property or received or debts cchange	Date transfer was made			
	Person's relationship to you								
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.								
	Name of trust	Description and value of the property transfer			red	Date Transfer was			
						made			
Par	List of Certain Financial Accounts, Instr Within 1 year before you filed for bankruptcy,	•	·	•	n your name, or for yo	ur benefit, closed,			
	sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No	other financial accoun	ts; certificates o	of deposit; sl	•				
	Yes. Fill in the details.								
		ast 4 digits of account number	Type of accourtinstrument	clo mo	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?			
22.	Have you stored property in a storage unit or No	place other than your	home within 1 y	vear before yo	ou filed for bankruptc	y?			
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had to it? Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Par	19: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty yo	u borrowed from, are storing fo	r, or hold in trust		
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	cribe the property	Value		
Par	110: Give Details About Environmental Inform	nation					
For	he purpose of Part 10, the following definitions	s apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, groun					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	•	law, v	whether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s was	te, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they	occurred.			
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e unde	er or in violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any	y release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice		
26.	lave you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ure of the case	Status of the case		
Par	111: Give Details About Your Business or Col	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of t	the following connections to an	y business?		
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eithe	er full-time or part-time			
	☐ A member of a limited liability compan	y (LLC) or limited liability partnersh	nip (Ll	LP)			
	☐ A partner in a partnership						
	☐ An officer, director, or managing execu	itive of a corporation					
	☐ An owner of at least 5% of the voting o	r equity securities of a corporation	ı				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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De	otor 1 Sheila Denise Summers		Case number (if known)	18-32717-dof
	■ No. None of the above applies. Go to	Part 12.		
	☐ Yes. Check all that apply above and fil	I in the details below for each business.		
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identif Do not include S	ication number ocial Security number or ITIN.
	, , , , , ,	rame of accountant of bookscoper	Dates business	existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	o anyone about your b	ousiness? Include all financial
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Pa	rt 12: Sign Below			
are with	ve read the answers on this <i>Statement of Fin</i> true and correct. I understand that making an a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, o	r obtaining money or	
/s/	Sheila Denise Summers			
_	eila Denise Summers nature of Debtor 1	Signature of Debtor 2		
Da	November 27, 2018	Date		
Did	**	ent of Financial Affairs for Individuals F	iling for Bankruptcy ((Official Form 107)?
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankru	otcy forms?	
-	• •	uptcy Petition Preparer's Notice, Declaratio	n, and Signature (Offici	al Form 119).